

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By	Candidate	<input checked="" type="checkbox"/> Committed	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Committee to elect Ed Bryzinski			
Street Address	326 West Ardmore Rd			
City	Erie	State	PA	Zip Code 16509

Type of Report (Place x under report type)

1-6 Tuesday Pre-Primary	2-2 Friday Pre-Primary	3-30 Day Post Primary	4-6 Tuesday Pre-Election	5-2 Friday Pre-Election	6-30 Day Post Election	7-Annual	Special 2- Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year		Amendment Report	<input type="checkbox"/>		Termination Report	<input checked="" type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	12-31-12	12-31-17	<div style="text-align: right;"> 2018 JAN 29 PM 11:52  TF </div>
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 1750.00	
C. Total Funds Available (Sum of Lines A and B)		\$ "0"	
D. Total Expenditures (From Schedule III)		\$	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ "0"	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ "0"	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ "0"	

## Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

29 day of JANUARY 20 18

Angela G. Jones

Signature

Cheryl A. Bryzinski

Signature of Person Submitting report

CHERYL BRYZINSKI

Printed Name

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

My Commission Expires June 4, 2021  
Angela G. Jones, Notary Public  
City of Erie, Erie County

DAY

YR.

Area Code

Daytime Telephone Number

My Commission Expires June 4, 2021

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

If this is a Candidate report, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO. 320) as amended.

Sworn to and subscribed before me this

29 day of JANUARY 20 18

Angela G. Jones

Signature

Ed Bryzinski

Signature of Candidate

ED BRYZINSKI

Printed Name

My Commission expires 6-4-2021

M.O. DAY YR.

814

Area Code

864-8987

Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Angela G. Jones, Notary Public  
City of Erie, Erie County

My Commission Expires June 4, 2021

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES



SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	750.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	NONE
All Other Contributions (Part B)		\$	NONE
Total for the reporting period	(2)	\$	NONE
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	NONE
All Other Contributions (Part D)		\$	NONE
Total for the reporting period	(3)	\$	NONE
<b>4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	NONE
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	NONE



SCHEDULE III  
Statement of Expenditures

To Whom Paid: Close Out

To Whom Paid:	<u>Ed Brzezinski (Return Budget pay)</u>			Date: MM/DD/YYYY	<u>05/02/17</u>	<u>1,000.00</u>
House:	Street Address:	<u>326 W Ardington</u>		Description of Expenditure:		
City:	State:	<u>PA</u>	Zip Code:	<u>16509</u>		
To Whom Paid:	<u>CARL Anderson Picnic</u>			Date: MM/DD/YYYY	<u>7/30/10</u>	<u>40.00</u>
House:	Street Address:	<u>County Council</u>		Description of Expenditure:		
City:	State:		Zip Code:			
To Whom Paid:	<u>Joe Schember For Mayor</u>			Date: MM/DD/YYYY	<u>10/5/17</u>	<u>300.00</u>
House:	Street Address:			Description of Expenditure:		
City:	State:		Zip Code:			
To Whom Paid:	<u>CARL Anderson Fund Raiser</u>			Date: MM/DD/YYYY	<u>10/23/17</u>	<u>60.00</u>
House:	Street Address:			Description of Expenditure:		
City:	State:		Zip Code:			
To Whom Paid:	<u>KAZ Kwitowski</u>			Date: MM/DD/YYYY	<u>4/10/17</u>	<u>30.00</u>
House:	Street Address:	<u>City Council</u>		Description of Expenditure:		
City:	State:		Zip Code:			
To Whom Paid:	<u>Steinle - City Council</u>			Date: MM/DD/YYYY	<u>4/30/17</u>	<u>50</u>
House:	Street Address:			Description of Expenditure:		
City:	State:		Zip Code:			
To Whom Paid:	<u>PAT Di Paolo Memorial</u>			Date: MM/DD/YYYY	<u>5-10-17</u>	<u>100.00</u>
House:	Street Address:			Description of Expenditure:		
City:	State:		Zip Code:			
To Whom Paid:	<u>DAWN Di Paolo</u>			Date: MM/DD/YYYY	<u>4/30/17</u>	<u>100</u>
House:	Street Address:	<u>Dist. Judge</u>		Description of Expenditure:		
City:	State:		Zip Code:			



**SCHEDULE III**  
**Statement of Expenditures**

To Whom Paid: <span style="border: 1px solid black; padding: 2px;"> </span>		Date: MM/DD/YYYY: <span style="border: 1px solid black; padding: 2px;"> </span>		Amount: <span style="border: 1px solid black; padding: 2px;"> </span>
House:	Street Address:	Description of expenditure:		Amount: <span style="border: 1px solid black; padding: 2px;"> </span>
City:	State:	Zip:	Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	
City:	State:	Zip:	Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	
To Whom Paid:	Date: MM/DD/YYYY: <span style="border: 1px solid black; padding: 2px;"> </span>		Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	
House:	Street Address:	Description of expenditure:		Amount: <span style="border: 1px solid black; padding: 2px;"> </span>
City:	State:	Zip:	Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	
City:	State:	Zip:	Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	
To Whom Paid:	Date: MM/DD/YYYY: <span style="border: 1px solid black; padding: 2px;"> </span>		Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	
House:	Street Address:	Description of expenditure:		Amount: <span style="border: 1px solid black; padding: 2px;"> </span>
City:	State:	Zip:	Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	
City:	State:	Zip:	Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	
To Whom Paid:	Date: MM/DD/YYYY: <span style="border: 1px solid black; padding: 2px;"> </span>		Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	
House:	Street Address:	Description of expenditure:		Amount: <span style="border: 1px solid black; padding: 2px;"> </span>
City:	State:	Zip:	Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	
City:	State:	Zip:	Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	
To Whom Paid:	Date: MM/DD/YYYY: <span style="border: 1px solid black; padding: 2px;"> </span>		Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	
House:	Street Address:	Description of expenditure:		Amount: <span style="border: 1px solid black; padding: 2px;"> </span>
City:	State:	Zip:	Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	
City:	State:	Zip:	Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	
To Whom Paid:	Date: MM/DD/YYYY: <span style="border: 1px solid black; padding: 2px;"> </span>		Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	
House:	Street Address:	Description of expenditure:		Amount: <span style="border: 1px solid black; padding: 2px;"> </span>
City:	State:	Zip:	Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	
City:	State:	Zip:	Amount: <span style="border: 1px solid black; padding: 2px;"> </span>	

1750.<sup>00</sup> TOTAL  
 BALANCE "0"



## PART A

## Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number					Amount
Full Name of Contributing Committee				Date (MM/DD/YYYY)	
House #	Street Address			Date (MM/DD/YYYY)	
City		State	Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributing Committee				Date (MM/DD/YYYY)	
House #	Street Address			Date (MM/DD/YYYY)	
City		State	Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributing Committee				Date (MM/DD/YYYY)	
House #	Street Address			Date (MM/DD/YYYY)	
City		State	Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributing Committee				Date (MM/DD/YYYY)	
House #	Street Address			Date (MM/DD/YYYY)	
City		State	Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributing Committee				Date (MM/DD/YYYY)	
House #	Street Address			Date (MM/DD/YYYY)	
City		State	Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributing Committee				Date (MM/DD/YYYY)	
House #	Street Address			Date (MM/DD/YYYY)	
City		State	Zip Code	Date (MM/DD/YYYY)	



## PART B

**All Other Contributions****\$50.01 TO \$250**

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

B) Identification Number						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	



## PART E

## Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

File/Identifying Number					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY) S		
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY) S		
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY) S		
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY) S		
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY) S		
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY) S		
Receipt Description					



**SCHEDULE II**

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD**  
**DETAILED SUMMARY PAGE**

1. IN-KIND CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	2. IN-KIND CONTRIBUTIONS RECEIVED FROM ORGANIZATIONS			3. IN-KIND CONTRIBUTIONS RECEIVED FROM OTHER SOURCES		
TOTAL for the reporting period (1)						
TOTAL for the reporting period (2)						
TOTAL for the reporting period (3)						
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)						



SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Identification Number				
Full Name of Contributor			Date (MM/DD/YYYY)	
House	Street Address		Date (MM/DD/YYYY)	
City	State	Zip Code	Date (MM/DD/YYYY)	
Description of Contribution				
Full Name of Contributor			Date (MM/DD/YYYY)	
House	Street Address		Date (MM/DD/YYYY)	
City	State	Zip Code	Date (MM/DD/YYYY)	
Description of Contribution				
Full Name of Contributor			Date (MM/DD/YYYY)	
House	Street Address		Date (MM/DD/YYYY)	
City	State	Zip Code	Date (MM/DD/YYYY)	
Description of Contribution				
Full Name of Contributor			Date (MM/DD/YYYY)	
House	Street Address		Date (MM/DD/YYYY)	
City	State	Zip Code	Date (MM/DD/YYYY)	
Description of Contribution				
Full Name of Contributor			Date (MM/DD/YYYY)	
House	Street Address		Date (MM/DD/YYYY)	
City	State	Zip Code	Date (MM/DD/YYYY)	
Description of Contribution				